

change.)

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SEC Potential persons who are to respond to the collection of information 1972 (6-contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response... 1

FORM D

PROCESSED
MAR 2 5 2003

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC	USE ON	THOMSON	
Prefix		Serial	FINANCIAL
DAT	E RECEI	VED	

Name of Offering ([] check if this is change.)	s an amendme	ent and name I	nas changed, a	nd indicate	
Filing Under (Check box(es) that apply):	[] Rule 504	[] <u>Rule 505</u>	[X] <u>Rule 506</u>	[] Section 4(6)	[]ULOE
Type of Filing: [X] New Filing [] Amendment				
A. I	BASIC IDENT	IFICATION DA	ATA		
1. Enter the information requested	about the issu	er			
Name of Issuer ([] check if this is	an amendme	nt and name h	as changed, ar	ıd indiciate	~~~

realt

GLOBAL BOULEVARD II	NTERNATIONAL, INC.		
Address of Executive Offi Telephone Number (Incli 2133 Imperial Circle, N 7907	uding Areà Code)	eet, City, State, Zip C	ode) 239-593-
Address of Principal Busi Telephone Number (Inclu (if different from Executiv	ding Area Code)	er and Street, City, Sta	ite, Zip Code)
Brief Description of Busin Formerly to form network of compute and manager	of e-commerce transactio	n centers. Currently a	cquiring majority control
Type of Business Organiz	zation		
[X] corporation	[] limited partne	ership, already formed	[] other (please specify):
[] business trust	[] limited partne	ership, to be formed	
		Month Ye	ear
Actual or Estimated Date Organization:	of Incorporation or	[0]4] [9]8]	[X]Actual [] Estimated
Jurisdiction of Incorporati	• ,		Service abbreviation for State: eign jurisdiction) [N][V]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A.	BAS	IC	IDEN	ITIFIC	ATIO	N D	ATA
----	-----	----	------	--------	------	-----	-----

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[X]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last nam	e first, if individua	l) James McCa	abe		******		••••	
Business or Residen 2133 Imperial Circl			City,	State, Zip Code)			
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last nam	e first, if individua	l)	••••		~~~~	***************************************	•••••	················
Business or Residen	ce Address (Num	ber and Street,	City,	State, Zip Code)	***************************************	*****	
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last nam	e first, if individua	1)	•••••	***************************************	•••••	***************************************	~~~	···············
Business or Residen	ce Address (Num	ber and Street,	City,	State, Zip Code)	***************************************	*****	···············
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner

Full Name (Last nam	ne first, if individu	al) 				
Business or Residen	ce Address (Nun	nber and Stree	t, City,	State, Zip Co	ode)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[]	Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individu	al)	***************************************			
Business or Residen	ce Address (Nun	nber and Stree	t, City,	State, Zip Co	ode)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[]	Executive Officer	[] Director []	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) **B. INFORMATION ABOUT OFFERING** 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this Yes No offering?..... [X] [] Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?..... \$ N/A Yes No 3. Does the offering permit joint ownership of a single unit?..... [X][] 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of N/A a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | All States [AL] [AK] [AZ] [AR] [CA] [CO][CT] [DE] [FL] [GA] [HI][ID] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [MM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [VA] [RI] [SC] [SD] INT [[XT] [UT] [VT][WA] [WV] [WI] IWY [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] (ME) [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NV] [MM] [NY] [OK] [NE] [HN] [NJ] [NC] [ND] [OR] [PA] [TX](RI) [SC] [UT] [WV] [WI] [PR] [SD] [TN] [TY][VA] [WA] [WY] Full Name (Last name first, if individual) NOT APPLICABLE

Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, State	e, Zip Co	de)			
Name	of Asso	ciated E	Broker or	Dealer	······································		······································	•••••		***************************************		•
							to Solici	it Purcha	sers]] All St	ates
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[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[AV]	[WA]	[WV]	[WI]	[WY]	[PR]
(Use bla	ınk she	et, or co	py and	use add	litional	copies o	f this sh	eet, as r	necessa:	ry.)	
C. (OFFERI	NG PRI	CE, NUI	MBER C	F INVE	STORS,	EXPENS	SES AND	USE O	F PROC	EEDS	,
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T	ype of S	Security								regate ing Price		nt Already Sold
	• •				•••••			••••	\$. \$	
Ε	quity						••••		\$ 2,486	6,025*	\$ 1,9	88,820*
		[]	X] Com	mon	[] Pre	eferred						
b	eing exc	changed	l for sha	res of a	new con	npany.	lued at \$		\$. \$	
						-			\$		\$	
			Share E					••••	\$. <u>*</u>	
		•		_	-	•			\$		\$	
	Answe	r also ir	Append	dix, Colu	ımn 3, if	filing und	der ULO	E.				
have p amour numbe dollar	ourchase nts of the er of per	ed secur eir purch sons wh of their	rities in t nases. F no have j	his offer or offeri purchas	ing and t ngs unde ed secur	the aggreer <u>Rule 5</u> ities and	nvestors egate do 04, indic the agg er "0" if a	llar ate the			A = = :	
	oorodii-	.al las	toro						Numbe Investo		of Pur	gate Amount chases
											_ \$	
							• • • • • • • • • • • • • • • • • • • •				_ \$ \$	

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Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$_500
Printing and Engraving Costs	[]\$_2,000
Legal Fees	[]\$15,000
Accounting Fees	[]\$ <u>NA</u>
Engineering Fees	[]\$ <u>NA</u>
Sales Commissions (specify finders' fees separately)	[]\$_0
Other Expenses (identify)	[]\$ <u>NA</u>
Total	[]\$

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." * However, the Company will not receive any funds. Such figures represent the value of shares of the Issuer being issued and exchanged for shares in a different company that is not yet traded. Such figure is based on the 49,720,500 shares of the Issuer being issued at a bid price of \$.05.

\$ <u>2,468,525*</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Payments to
Officers, Payments
Directors, & To
Affiliates Others

James McCabe ATTENT Intentional misstatements or omissions of fact country U.S.C. 10	onstitute federal crimina	l violations.	(See 18
ATTENT	onstitute federal crimina	l violations.	(See 18
James McCabe			1
1	President		
Name of Signer (Print or Type)	Title of Signer (Pri	nt or Type)	
Global Boulevard International, Inc.	Samolista		arch 11, 2003
Issuer (Print or Type)	Signature	Da	te
The issuer has duly caused this notice to be signed this notice is filed under <u>Rule 505</u> , the following sign to furnish to the U.S. Securities and Exchange Cominformation furnished by the issuer to any non-accre <u>Rule 502</u> .	nature constitutes an unde imission, upon written requ	rtaking by the uest of its sta	e issuer ff, the
D. FEDERAL SI	GNATURE		
Not Applicable - there are no cash proceeds to			[]
Column Totals		[] \$	\$ <u></u>
		[] \$	\$
Other (specify):		[] \$	[] \$
Working capital		[] \$	[] \$
Repayment of indebtedness		[] \$	[] \$
Acquisition of other businesses (including the value securities involved in this offering that may be exchange for the assets or securities of another pursuant to a merger)	used in er issuer	[] \$	[] \$
Construction or leasing of plant buildings and fa		[] \$	
and equipment		[] \$	[] \$
Purchase, rental or leasing and installation of n		\$	\$
Purchase of real estate		[]	[]

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Global Boulevard International, Inc.	Jamen Marke	§ ;
Name of Signer (Print or Type)	Title (Print or Type)	***************************************
James McCabe	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

20022222222222									-			
1	2		3		4							
			Type of security			under Sta	te ULOE					
	Intend t	o sell	and aggregate			(if yes,	attach					
	to non-ac	credited	offering price		Type of investor and							
	investors	in State	offered in state	an	amount purchased in State							ranted)
	(Part B-I	tem 1)	(Part C-Item 1)		(Part C-Item 2)				Item 1)			
				Number of		Number of						
				Accredited		Non-Accredited						
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No			
AL												
AK												

ΑZ AR CA CO CT DE DC FL GΑ HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI

sc		*****************		***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SD						
TN						
TX	X		Common stock			
UT						
VT						
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http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002